

Please print legibly and fill out completely

Owner First Name: _____ Last Name: _____ Date Property Is Available: _____
Contact Number: _____ Alternate Number: _____
Address: _____ Street Suffix: _____ Apt #: _____
(Circle one) **Upstairs Unit** or **Downstairs Unit**? City: _____ ZIP Code: _____
Number of Bedrooms: _____ Number of Bathrooms: _____
Monthly Rent Desired: _____ Security Deposit: _____ (Circle one) Is Deposit Negotiable? **Yes** or **No**
Building Type (apartment, house, duplex, etc.): _____ Year Built: _____
(Circle one) Is the Heating Type **Gas** or **Electric**? (Circle one) Is the Water Heater **Gas** or **Electric**?
(Circle all that apply) Appliances Included: **Stove (gas or electric)** **Refrigerator** **Dishwasher** **Microwave**
Comments:

If you would like to list a property, please fax this form to 1-866-265-7811

Call toll free 1-877-428-8844 for immediate assistance or email info@socialserve.com.

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